

**DECLARATION OF INVENTORSHIP AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below with my name,

I believe I am an original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if multiple names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

**Optical waveform measurement device and measurement method thereof, complex refractive index measurement device and measurement method thereof, and computer program recording medium containing the program.**

the specification of which  
\_\_\_\_\_ is attached hereto.

X was filed on 12/15/05 as United States Application Number 10/561,280 or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

**PRIOR FOREIGN APPLICATION(S)**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

APPLICATION NUMBER	COUNTRY	FILING DATE (day, month, year)	PRIORITY CLAIMED	
			Yes	No
PCT/JP2004/8609	Japan	18 June 2004	X	

**PRIOR UNITED STATES APPLICATION(S)**

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

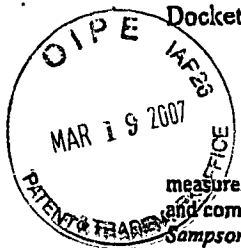
APPLICATION NUMBER	FILING DATE (MM/DD/YYYY)	STATUS (i.e. Patented, Pending, Abandoned)

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER	FILING DATE (MM/DD/YYYY)	STATUS (i.e. Patented, Pending, Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

Best Available Copy

**DECLARATION OF INVENTORSHIP AND POWER OF ATTORNEY**

As a named Inventor in the application for patent entitled, Optical waveform measurement device and measurement method thereof, complex refractive index measurement device and measurement method thereof, and computer program recording medium containing the program, filed herewith, I hereby appoint *Richard L. Sampson, Esq. (Reg. No. 37,231)* and *Kathleen M. Campbell, Esq. (Reg. No. 56,316)* as attorneys/agents with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith.

Please address all communications regarding this application to:

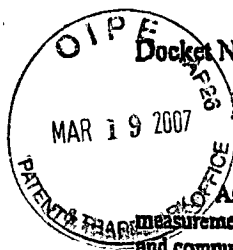
Richard L. Sampson  
SAMPSON & ASSOCIATES, P.C.  
50 Congress Street  
Boston, MA 02109

Please direct all telephone calls to Richard L. Sampson at (617) 557-2900.

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME Saito	FIRST GIVEN NAME Shingo	Middle Initial
RESIDENCE & CITIZENSHIP:	CITY Tokyo	STATE Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS:	STREET ADDRESS National Institute of Information and Communications Technology ; 4-2-1 Nukui-Kitamachi, Koganei- shi	CITY Tokyo	STATE & ZIP CODE/COUNTRY Japan
Signature Shingo Saito		Date 07/03/2007	

FULL NAME OF SECOND JOINT INVENTOR	FAMILY NAME Iida	FIRST GIVEN NAME Masaru	Middle Initial
RESIDENCE & CITIZENSHIP:	CITY Tokyo	STATE Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS:	STREET ADDRESS National Institute of Information and Communications Technology ; 4-2-1 Nukui-Kitamachi, Koganei- shi	CITY Tokyo	STATE & ZIP CODE/COUNTRY Japan
Signature		Date	

Best Available Copy



Docket No. 1215.003

Page 3 of 4

**DECLARATION OF INVENTORSHIP AND POWER OF ATTORNEY**

As a named Inventor in the application for patent entitled, Optical waveform measurement device and measurement method thereof, complex refractive index measurement device and measurement method thereof, and computer program recording medium containing the program, filed herewith, I hereby appoint *Richard L. Sampson, Esq. (Reg. No. 37,231)* and *Kathleen M. Campbell, Esq. (Reg. No. 36,316)* as attorneys/agents with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith.

Please address all communications regarding this application to:

Richard L. Sampson  
SAMPSON & ASSOCIATES, P.C.  
50 Congress Street  
Boston, MA 02109

Please direct all telephone calls to Richard L. Sampson at (617) 557-2900.

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME  Saito	FIRST GIVEN NAME  Shingo	Middle Initial
RESIDENCE & CITIZENSHIP:	CITY Tokyo	STATE Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS:	STREET ADDRESS National Institute of Information and Communications Technology ; 4-2-1 Nukui-Kitamachi, Koganei- shi	CITY Tokyo	STATE & ZIP CODE/COUNTRY Japan
Signature		Date	

FULL NAME OF SECOND JOINT INVENTOR	FAMILY NAME  Iida	FIRST GIVEN NAME  Masaru	Middle Initial
RESIDENCE & CITIZENSHIP:	CITY Tokyo	STATE Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS:	STREET ADDRESS National Institute of Information and Communications Technology ; 4-2-1 Nukui-Kitamachi, Koganei- shi	CITY Tokyo	STATE & ZIP CODE/COUNTRY Japan
Signature <i>M. Iida</i>		Date 3/13/2007	

Best Available Copy

FULL NAME OF SECOND JOINT INVENTOR	FAMILY NAME Ashida	FIRST GIVEN NAME Masaaki	Middle Initial
RESIDENCE & CITIZENSHIP:	CITY Tokyo	STATE Japan	COUNTRY OF CITIZENSHIP Japan
POST OFFICE ADDRESS:	STREET ADDRESS National Institute of Information and Communications Technology : 4-2-1 Nukui-Kitamachi, Koganei- shi	CITY Tokyo	STATE & ZIP CODE/COUNTRY Japan
Signature <i>Masaaki Ashida</i>		Date <i>March 12, 2007</i>	

Best Available Copy